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House Health and Human Services Committee March 18, 2015

Chairman Hawkins and members of the Committee, thank you for the opportunity to submit testimony in favor of HB 2319. My name is Tanya Dorf Brunner, and I am the Executive Director at Oral Health Kansas, Inc. We are the statewide advocacy organization dedicated to promoting the importance of lifelong dental health by shaping policy and educating the public so Kansans know that all mouths matter. We achieve our mission through advocacy, public awareness and education. Oral Health Kansas has over 1,100 supporters, including dentists, dental hygienists, educators, safety net clinics, charitable foundations, and advocates for children, people with disabilities and older Kansans.

Oral Health Kansas' policy priorities have included the expansion of the KanCare program to adults with incomes below 138 percent of the federal poverty level since the option became available through the Affordable Care Act. When KanCare was created in 2013, the managed care organizations agreed to include preventive dental benefits for adults as a value-added service. We applaud this decision, as it represents the biggest expansion of dental benefits to adults in Kansas' history. And although this still leaves many adults without the dental care they need, it is a significant step in the right direction. Governor Brownback talks often about the improvement preventive dental benefits in KanCare brought to the program. When he signed the Health Care Compact, he stated, "KanCare has provided many new services that were unavailable under Medicaid, including adult dental care..." Oral Health Kansas would like to see preventive benefits expanded to 144,000 more adults by 2017 through KanCare 2.0.

Preventive dental care, including regular cleanings and dental exams, can help KanCare beneficiaries maintain their physical health. The cost implications for Kansas are incalculable. Some studies suggest that up to 50 percent of aspiration pneumonia could be prevented with good oral care, ensuring that an infection in the mouth is not causing systemic health problems. Poor oral health also complicates chronic conditions such as diabetes and heart disease; active oral infections also contribute to premature birth, which is hugely expensive and often carries a lifetime of ill effects for children. Regular dental exams, which include oral cancer screenings, can identify patients earlier, when treatment is more successful and less costly. Finally, preventive care for the KanCare population often takes place in the state's excellent network of safety net dental clinics, which helps establish a dental home. Patients with a dental home are far less likely to rely on expensive and ineffective emergency rooms to treat dental pain, representing an additional cost savings to the KanCare program.

Finally, Oral Health Kansas believes Kansas tax dollars should stay in the state to care for our citizens, rather than sent to Washington, D.C. to care for the residents of other states that have expanded Medicaid. The Kansas Hospital Association estimates \$3 billion dollars would be injected into the state's economy and as many as 4,000 jobs created through expansion. We believe that expanding KanCare is the right thing to do for people and the economy. Thank you for your consideration.